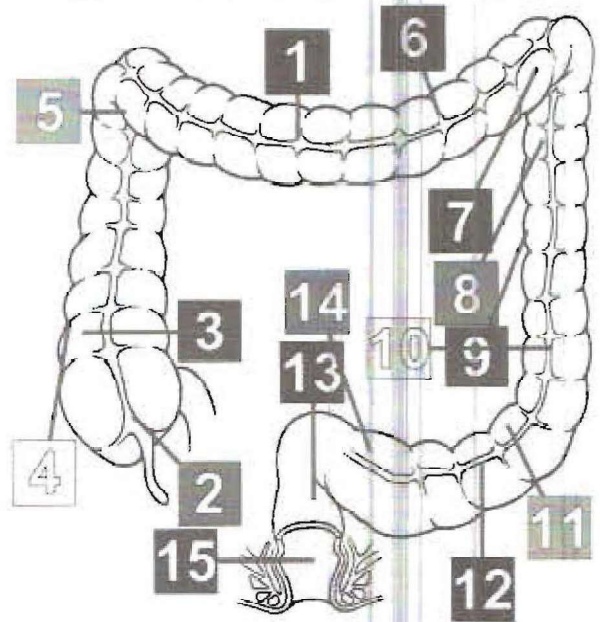


Procedure Date: 6/13/2019 7:10 AM
Date of Birth: [REDACTED]
Age: [REDACTED]
Gender: ~~Male~~

Procedure: After I obtained informed consent, [REDACTED] passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The scope (6915) was introduced through the anus and advanced to the cecum, identified by appendiceal orifice and ileocecal valve. [REDACTED] performed [REDACTED] [REDACTED] The patient tolerated the procedure



The Colon

- The [redacted] required without [redacted]

Recommendation: - Patient has a contact number available for emergencies. The signs and symptoms of potential delayed

SURGERY CENTER
AN AFFILIATE OF **SCA**

Patient Instructions

Patient: Peter Szanto
MRN: [REDACTED]
Procedure Date: Thursday, June 13, 2019
Attending MD: [REDACTED] MD

If you have any questions or problems please call [REDACTED] MD at .

Following sedation your judgment, perception and coordination are considered impaired for up to twelve hours after leaving the center.

Therefore:

- Do not drive or operate a vehicle or machinery for 24 hours.
- Do not sign legal documents or make critical decisions.
- Do not drink alcoholic beverages for 24 hours.
- Plan to spend a few hours resting before resuming your normal routine.

The findings during your procedure include:

Your Doctor has made the additional recommendations:

You have a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with you. [REDACTED] Written discharge instructions were provided to you.

You are being discharged to home.

Resume your previous diet.

Continue your present medications.

Your physician has recommended a [REDACTED]

Return to my office.

Return to your referring physician.

Please call your physician in the event that you experience any of the following:

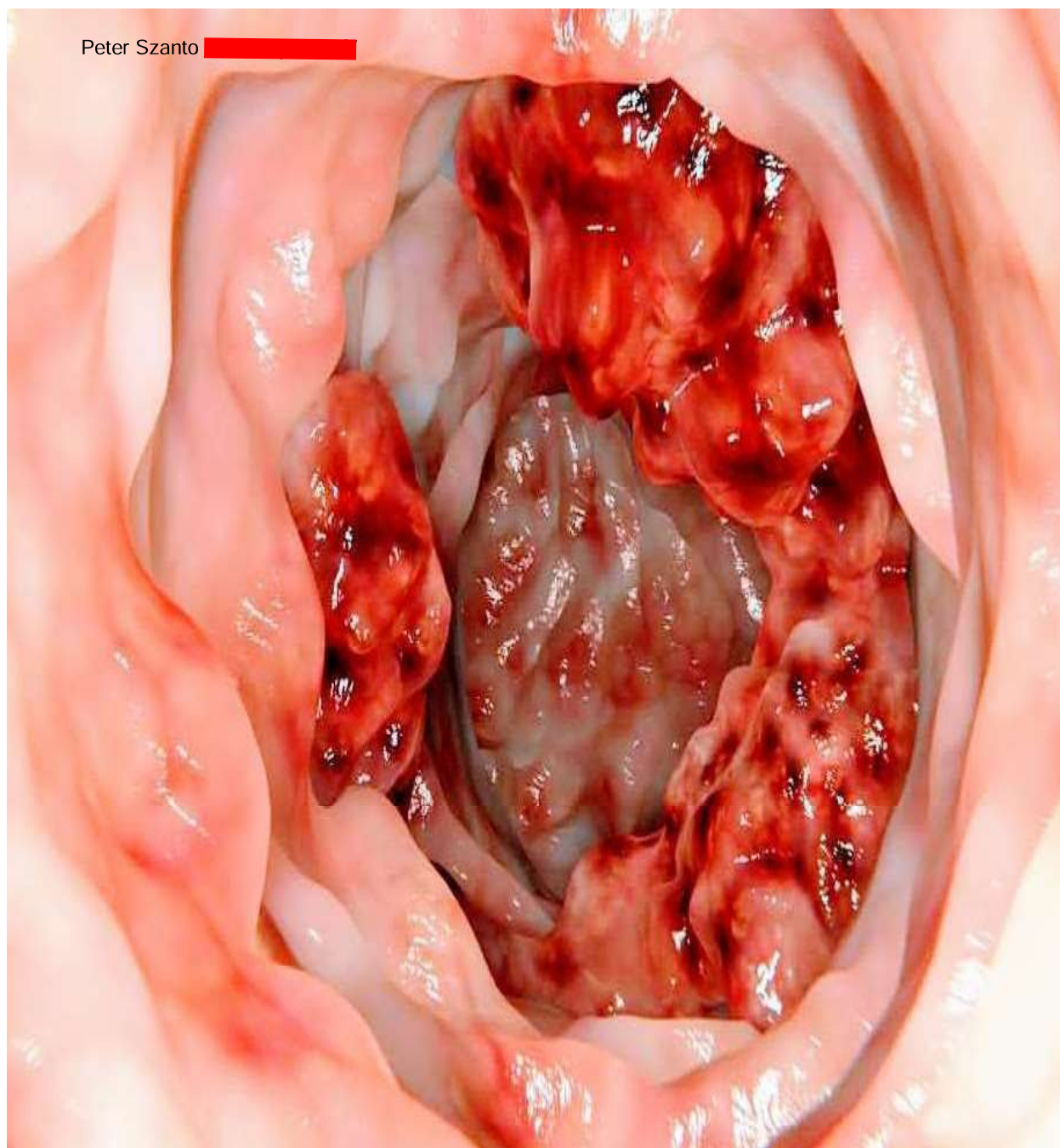
- Fever > 101 (orally)
- Persistent nausea or vomiting
- Severe abdominal distention and/or pain (mild distention and/or cramping is normal for a couple hours)
- Rectal bleeding (more than streaking)

Nurse Signature

Date/Time

Witness/Driver

Date/Time

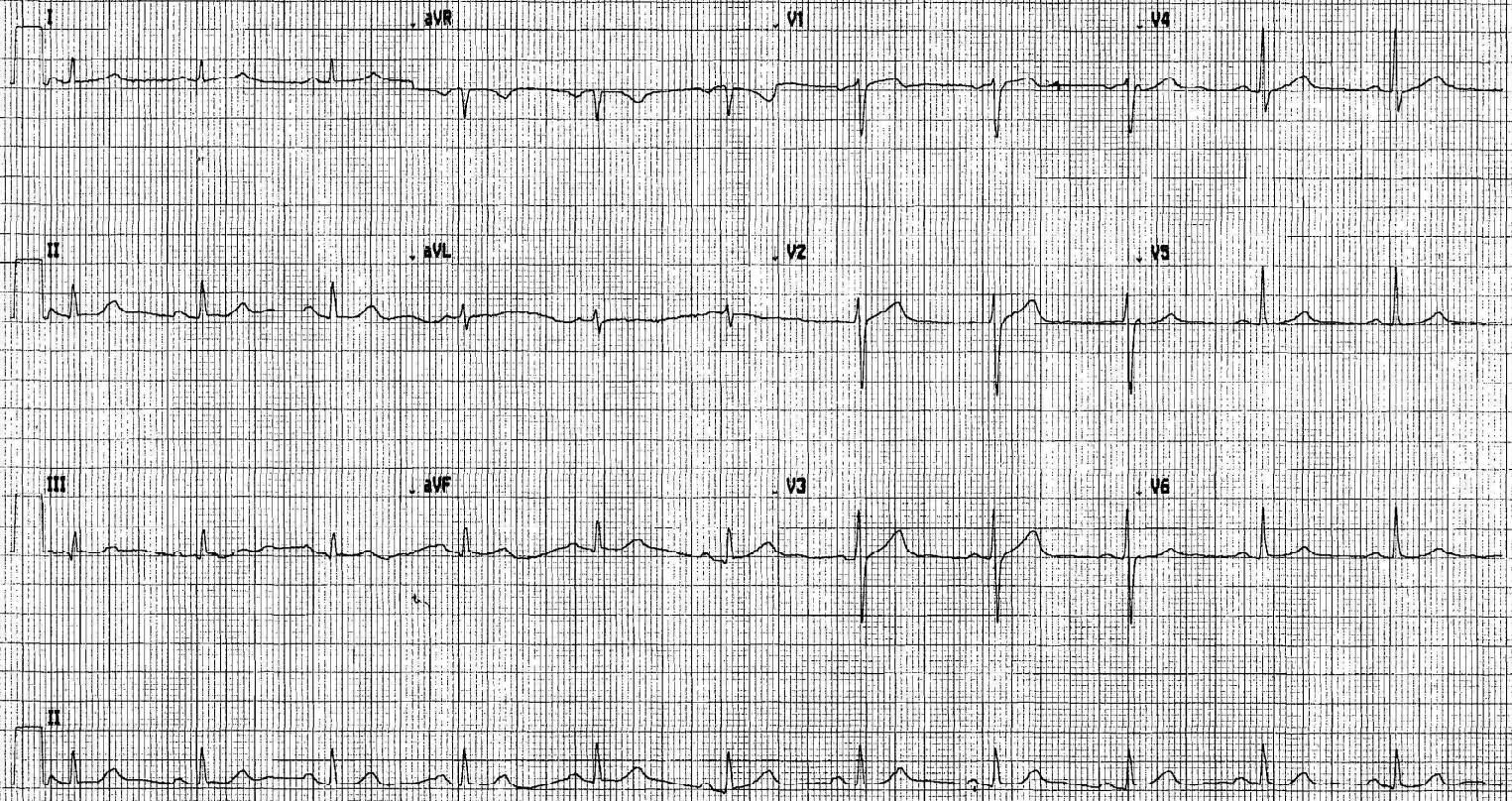




LAST NAME SZANTO
FIRST NAME PETER
MR# [REDACTED] DOB [REDACTED]
ACT# [REDACTED]
INDICATION PRE-OP CARDIOVASCULAR E
REF MD [REDACTED]
LOCATION CODE C6SRG
SET [REDACTED] TECH ID 123

[REDACTED]
Vent rate:
PR int:
QRS dur:
QT/QTc:
P-R-T axes:

SINUS RHYTHM
[REDACTED]



1109050013683

Site * 9 Cart * 443 Version 1.34.03 Sequence *14583 25mm/s 10mm/mV 0.05s 40 Hz

REORDER # 1017

● **Surgery Center**

ALLERGIES:

none

Additional Information:

Case 16-33185-pcm7 Doc 744-1 Filed 06/24/19